

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	✓ ✓ ✓ ✓ ✓
2	
3	
4	✓ ✓
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11	
12	✓
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14	✓
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16	✓ ✓
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19	✓ ✓
20	✓
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41	✓
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43	
44	✓
45	
46	
47	✓ ✓
48	
49	✓ ✓ ✓ ✓
50	✓ ✓ ✓ ✓

Claim	Date
Final	Original
51	✓ ✓ ✓ ✓ ✓
52	✓
53	✓
54	✓ ✓ ✓ ✓
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57	✓ ✓ ✓ ✓
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62	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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